

## Credential Application

Remit to:  
State of Wisconsin  
Department of Commerce-Credentialing  
P.O. Box 78780  
Milwaukee WI 53293-0780  
Phone (608) 261-8467  
TTY: Contact Through Relay  
E-mail: madisoncred@commerce.state.wi.us  
7:45 a.m. - 4:30 p.m.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

**THE CREDENTIAL WILL NOT BE PROCESSED UNLESS YOU :**

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

**Instructions:** Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The applicant's social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

<b>Applicant Information</b>	
Applicant's Social Security No:	
Applicant's Name (First, Middle and Last):	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	
If Available, Fax No. (include area code):	
If Available, E-mail Address:	

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (mo/day/yr)

**Send application and payment to:** State of Wisconsin, Department of Commerce-Credentialing, P.O. Box 78780, Milwaukee, WI 53293-0780

**Overnight mail delivery and Office location:** State of Wisconsin, Department of Commerce-Credentialing 201 W. Washington Ave., Madison, WI 53703

**All other correspondence:** Wisconsin Department of Commerce, Safety & Buildings Div., P.O. Box 7082, Madison, WI 53707

## ELEVATOR HELPER REGISTRATION

**Credential Fee (nonrefundable): \$30.00** class code 8260

Make checks payable to: Department of Commerce. The fee consists of a \$15 application fee and a license fee of \$15. The credential will be effective for 4 years from the date of issuance.

**Reason for Credential:** A person who holds a credential issued by the department as a registered elevator helper may erect, construct, alter, replace, maintain, repair, remove or dismantle conveyances.

**Requirements of Credential:** A person who holds a credential issued by the department as a registered elevator helper may: under the direct supervision of a person who is licensed as an elevator mechanic, erect, construct, alter, replace, maintain, repair, remove or dismantle conveyances; under the general supervision of a person who is a licensed elevator mechanic or a licensed elevator mechanic-restricted, maintain and repair conveyances and replace conveyance components and subsystems; or, under the general supervision of a person who is a licensed elevator mechanic or a licensed lift mechanic, erect, construct, alter, replace, maintain, repair, remove or dismantle conveyances covered under ASME A18.1 and ASME A17.1 section 5.2.

**Qualifications for Credential:** In accordance with Comm 5.996 (3), a person applying for an elevator helper registration to erect, construct, alter, replace, maintain, repair, remove or dismantle conveyances shall be at least 18 years old.

**Fill** in the applicant's birth date (month/day/year, example 04/02/60):